



CTTP RFP Q&A's

1. QUESTION: Ulster County is not on the Mid-Hudson list, is that accurate?

ANSWER: This was an oversight; Ulster County is an eligible catchment within the Mid-Hudson Economic Development Region. The corrected table reflecting Economic Development Regions is below:

Economic Development Region (EDR)	Counties in EDR
Capital Region	Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington
Central New York	Cayuga, Cortland, Madison, Onondaga, Oswego
Finger Lakes	Genesee, Livingston, Monroe, Orleans, Ontario, Seneca Wayne, Wyoming, Yates
Mid-Hudson	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Mohawk Valley	Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie
North Country	Clinton, Essex, Franklin, Jefferson, Hamilton, Lewis, St. Lawrence
Southern Tier	Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins
Western New York	Allegany, Cattaraugus, Chautauqua, Erie, Niagara
Long Island	Nassau, Suffolk
New York City	Bronx, Brooklyn, Queens, New York, Richmond

2. QUESTION: Can applicants partner with one another? In other words, can two separate providers collaborate, one to perform Care Management, the other to perform the Residential?

ANSWER: No; CTTP is an integrated program with one Director overseeing both components of program, program delivery should be seamless.

3. QUESTION: Can we lease a space?

ANSWER: No. There is no money in the budget for rent.

4. QUESTION: Developing new housing can take several years including site selection. The CTI team can open quickly- how does that work for this combined program?

ANSWER: Please refer to the RFP; awardees are expected to stand up the CTI team and coordinate with hospital partners, regardless of the timeframe to stand up the Transitional Residential Setting (TRS).

5. QUESTION: For the TRS, is the cumulative 120 days the max per youth per year?

ANSWER: Yes. Extensions of the 120-day stay will be reviewed on a case by case basis by OMH; discharge planning and funding will be addressed on a case by case basis.

6. QUESTION: Can the TRS be co-located (but segregated by wings) with other licensed services. such as OPWDD intensive respite?

ANSWER: Yes, if all of the applicable regulations and licensing standards are met regarding separation of spaces. Applicants should also know that capital funding for this project cannot be used to fund another program.

7. QUESTION: Regarding partnership options; can the CTI component be provided by one agency and the TRS component provided by another agency, with us leasing out the TRS space?
ANSWER: No; please see #2 and #3.
8. QUESTION: If agencies have housing stock available that needs some renovations can the housing proposal just be written for just be for renovations.
ANSWER: Yes.
9. QUESTION: Are we able to partner with more than one county (2 counties combined), though the TSR would be located in just one of the counties?
ANSWER: The applicant must include a Letter of Support from the county where the TRS will be located, and it is acceptable to include support from other counties as well.
10. QUESTION: How will the residential program be licensed - as a community residence? Crisis residence?
ANSWER: Please refer to the RFP p. 24. Applicants can refer to NYS Regulation Part 594 for details regarding space and accessibility expectations.
11. QUESTION: If there are more than one hospital in the region, is the partnership with only ONE hospital for referrals?
ANSWER: Programs can partner with more than one hospital within their catchment area; the proposal requires a minimum partnership with one hospital.
12. QUESTION: Can capital funds be used for furniture, fixtures and equipment (FFE)?
ANSWER: Capital funding will support fixtures such as lighting and kitchen appliances however furniture and equipment such computers, dishware, houseware supplies, etc. be paid through the Program Development Grant (PDG).
13. QUESTION: Can BHCC IPAs apply bringing forward one entity for Care Management and one for Residential?
ANSWER: No. Please see Question #2.
14. QUESTION: Do you anticipate that the use of closed-circuit monitoring will be allowed in common spaces of the TRS?
ANSWER: Proposals including closed circuit monitoring will be considered; applicants should create a home-like environment in the TRS.
15. QUESTION: Can your TRS program accept referrals from counties outside your Economic Development Region?
ANSWER: Yes.
16. QUESTION: Does site selection apply to the residence?
ANSWER: Applicants should work with their municipality; the TR will not initially be a licensed program and site selection does not apply.
17. QUESTION: What is the 24/7 coverage expectation for the CTI component?
ANSWER: 24/7 coverage for the entire CTPP will be provided by the entire CTPP team; as such, coverage can be provided by the care management staff or by staff at the TRS.
18. QUESTION: Do TRS beds need to be single occupancy?
ANSWER: Yes.

19. QUESTION: Is there is an anticipated amount of money allocated for capital funding?
ANSWER: There is not a set amount of capital funding allocated per project. However, successful applicants are required to work with the Bureau of Housing Development and Support to develop both a scope of work and costs estimate that OMH can submit to the Division of the Budget for approval
20. QUESTION: What type of clinician for CTTP team staffing?
ANSWER: A NYS Licensed Mental Health Practitioner. Please also refer to Question #25.
21. QUESTION: In the SFS, if the response exceeds the character limit can we add our answer as an attachment
ANSWER: Please see Question # 55.
22. QUESTION: If we are unable to fill a specific role at the TRS, are we still able to operate the program?
Thinking of frequent clinician needs in our area.
ANSWER: The TRS staffing is a required component of the program.
23. QUESTION: What are the operating assumptions for the residence? Do we know the payment they will get per bed?
ANSWER: The program will receive ramp-up State Aid, annual State Aid, Medicaid revenue (following the State Plan Amendment approval) and ongoing annual net deficit funding. See pg. 27 of the RFP for further detail.
24. QUESTION: Can an existing crisis residence that is under development be used for this program?
ANSWER: No.
25. QUESTION: Can the Clinician be provisionally licensed until they achieve licensing?
ANSWER: Yes; the CTTP Program Director will be Licensed Mental Health Professional, and is expected to provide supervision the provisionally licensed staff; provisionally licensed staff need to obtain licensure within one year of the date of hire.
26. QUESTION: Is there a specific trauma-informed model that is preferred?
ANSWER: No.
27. QUESTION: Are there any prioritizing factors for referrals to TRS, given there are only 8 beds?
ANSWER: This will be included in upcoming Program Guidance.
28. QUESTION: Are you required to serve all counties in the Economic Development Region?
ANSWER: All referrals to the CTTP should be screened and considered for eligibility. The provider is required to serve the eligible individuals referred by the hospital with whom the program is partnered.
29. QUESTION: Can the TRS be co-located on the same campus with OCFS residential programs?
ANSWER: There are no specific requirements for the TRS campus location.
30. QUESTION: Can we use capital to fund renovations for a building we already own?
ANSWER: Yes.
31. QUESTION: Is it possible to have a planned respite program co-located within the TRS? For example, planned respite bedrooms in a separate wing of the facility from the TRS bedrooms with shared living space?
ANSWER: No; the programs need to be completely separate.
32. QUESTION: What programs are applicable for 6.5.b?

ANSWER: Any care management or residential program for children/youth operated by the applicant, and includes oversight by a city, state or federal government agency.

33. QUESTION: Is the expectation to take referrals from the whole economic development region? Or can the agency specify counties to serve?

ANSWER: Please see Question #28.

34. QUESTION: Can a youth be in both CTTP and Youth Assertive Community Treatment (ACT) simultaneously?

ANSWER: Warm hand offs from CTI to other services like Youth ACT are an important part of CTI Phase 3 (please refer to p. 38 of the RFP). OMH is considering how this will be operationalized after the State Plan Amendment (SPA).

35. QUESTION: Can a youth be in both Crisis Services for Individuals with Intellectual and Developmental Disabilities (CSIDD) and CTI simultaneously?

ANSWER: Yes.

36. QUESTION: Is there a possibility that youth qualify for one program and not the other?

ANSWER: Yes; it is possible that youth enrolled in the CTI component of the program will not require a stay in the TRS; only youth enrolled in the CTI component may stay in the TRS.

37. QUESTION: If a child is being discharged from a hospital to the CTTP, is the hospital still obligated to arrange for outpatient psychiatry and behavioral health treatment if the child is waitlisted for outpatient services?

ANSWER: Discharge planning remains the responsibility of the hospital; it is expected that the CTTP and the hospital will work in partnership to meet the needs of the child/youth and their family.

38. QUESTION: Does McKinney-Vento cover the TRS setting? Will the schools be obligated to transport?

ANSWER: Please see Question #66.

39. QUESTION: Given that there are no identified regulations, what are the expectations for medication administration at the TRS?

ANSWER: Medication will be monitored by trained direct care staff and self-administered by the TRS recipients.

40. QUESTION: Is there a specific crisis intervention program with physical interventions that the staff are expected to be trained on?

ANSWER: Physical interventions outside of risk to life and limb will not be allowed at the TRS; crisis intervention training will be addressed in upcoming Program Guidance.

41. QUESTION: What are the recommended staff trainings?

ANSWER: This will be addressed in upcoming Program Guidance.

42. QUESTION: Do the residents need to have access to the kitchen?

ANSWER: No, but the TRS is expected to be a home-like setting.

43. QUESTION: Are there any identified resources for training on fire setting and/or problematic sexual behaviors?
ANSWER: This will be addressed in upcoming Program Guidance.
44. QUESTION: As a for-profit agency, is there a way to find a fiscal sponsor and submit a proposal in partnership with this fiscal sponsor?
ANSWER: It is not fully clear to OMH what a “fiscal sponsor” would entail; however please see p. 5 of the RFP regarding eligibility.
45. QUESTION: We noticed that Tioga County is not listed in the “Southern Tier” Economic Development Region as an eligible county for this RFP; is Tioga County an eligible catchment area for this program?
ANSWER: Yes, this was an oversight, and Tioga County is an eligible catchment area within the Southern Tier Economic Development Region. Please see table located at Question #1.
46. QUESTION: What timeline is expected for site acquisition for the Transitional Residence?
ANSWER: The timeline would vary by the readiness of the project. Once a Provider has identified a site, OMH Housing staff will provide technical assistance to include coordinating appraisals and architectural feasibility studies that will be used to develop a project scope and budget. Housing staff will then work with Providers on a NYS Division of Budget request for the specific project. Upon approval, a capital contract will be entered into as well as a mortgage closing with the Dormitory Authority of the State of NY. At that point, OMH can advance capital funds, which can be used for site acquisition and other project costs.
47. QUESTION: Why is this Children’s CTTT Team being developed with a residential component required compared to the Adult teams who do not require a residential component?
ANSWER: The CTTT’s targeted population is youth who are unable to be discharged from a hospital setting despite being psychiatrically and medically cleared for discharge; a residential component was determined to be necessary for some youth who require Critical Time Intervention.
48. QUESTION: May CTI providers also provide and bill for CFTSS services, as appropriate, after a SPA is approved?
ANSWER: No.
49. QUESTION: For children staying in the TRS residence – would we be able to bill for medical encounters, such as CFTSS, OLH?
ANSWER: CTTT billing will be addressed in the upcoming SPA, which is still in development.
50. QUESTION: How are capital grants funded? Are capital grants funded through OMH in the form of bonds with a lien on the property, similar to other OMH capital grants? Or are capital grants directly funded, without bonds or a lien?
ANSWER: Capital grants for these projects will be available as interest free construction financing, there will be a lien placed on the property. The lien will be replaced following the repayment of financing with a Dormitory Authority of the State of New York (DASNY) bond mortgage. OMH will fund the annual debt service for this mortgage. See section 4.4 Award Notification of the RFP.
51. QUESTION: There was no inclusion of psychiatry time in the budget or personnel list. What is the assumption on how youth would have their emergent medication needs met while being served – especially post hospitalization?
ANSWER: The CTTT will work in partnership with the referring hospital to ensure that eligible referrals can be served, including any appropriate partnership to address such needs. Please see the RFP for the requirement of an MOU with the hospital.

52. QUESTION: The RFP for this program states the application is due on 5/29/24, while the SFS submission portal posts a date of 5/28, which is the correct date?
ANSWER: The correct date is what is reflected in the RFP – 5/29/24. The due date has been changed in SFS. The Due Time is still 2:00 PM.
53. QUESTION: Is there any prohibition to billing a 3rd party for eligible costs?
ANSWER: CTPP billing will be addressed in the upcoming SPA, which is still in development.
54. QUESTION: Is there a timeline for the acceptance of Medicaid?
ANSWER: The SPA is currently under development.
55. QUESTION: Under what licensure with the TRS fall?
ANSWER: At this time the TRS is not a licensed program.
56. QUESTION: Will attachments be accepted for all questions, as needed, due to the character count limit being 2,000?
ANSWER: Uploads can be provided in response to question(s). Note: if using an upload instead of the response box, responses must be concise, succinct and responsive only to the question being posed.
57. QUESTION: 1.0 FTE of nursing does not provide enough support to cover waking hours/med administration. Experience shows at least 2.8 FTE of an RN would be needed to cover waking hours. What is the assumption on how this need will be covered?
ANSWER: This program does not require RN coverage during all waking hours. Please also refer to Question #39.
58. QUESTION: What are the regulations the provider will be expected to follow regarding use of restraint in an emergency safety situation?
ANSWER: Please see Question #40.
59. QUESTION: Does the MOU with the hospital allow for return to the hospital/ED if determined necessary?
ANSWER: The content of the MOU is at the discretion of the program and the hospital. It is expected that children/youth who require a higher level of care are assessed in the appropriate environment, including Emergency Departments and Comprehensive Psychiatric Emergency Programs (CPEP's).
60. QUESTION: What is the payment mechanism for medication and other medical care needed by the resident? Is this included in the rate or will Medicaid pay for these costs?
ANSWER: Please see Question #74.
61. QUESTION: What is the protocol if an appropriate discharge disposition from the TRS cannot be found in 120 days? Is there an impact to funding?
ANSWER: Extensions of the 120-day stay will be reviewed on a case by case basis by OMH; discharge planning and funding will be addressed on a case by case basis.
62. QUESTION: Will OMH and other state agency partners have regular conversations with the CTPP provider and hospital partner around utilization management?
ANSWER: This will be addressed in upcoming Program Guidance.
63. QUESTION: With the anticipated high acuity of the service population, CTPP staff will require extensive experience to be successful in providing services. What is the assumption on how this need will be met given funding constraints?
ANSWER: Technical Assistance will be provided to awardees around several topics, including recruitment and retention.

64. QUESTION: Question 6.1-2 requests quantitative data from the hospital partner on the volume of youth with discharge delays, the reasons for discharge delays, and the specific needs of youth with discharge delays. How many years' worth of data should be provided?
ANSWER: At least one year's worth of data is requested.
65. QUESTION: Can the TRS collocate on an OCFS Residential Campus?
ANSWER: Yes.
66. QUESTION: On page 24 of the RFP, it states "The CTPP will collaborate with the home district on education, including facilitating education on site at the TRS and working with the home district on transportation as needed". What are the "on site" educational requirements for the TRS? Do we need to provide a teacher? Does the teacher need to be certified? Are we required to transport youth to their home school district if the school district is unable to provide transportation?
ANSWER: The TRS is not required to have a teacher on staff. It is expected that the TRS and the home school district will work collaboratively to meet the individual education needs of the youth in the TRS.
67. QUESTION: On page 19 the RFP states "Agencies must demonstrate their capacity to provide CTPP services to up to 16 children/youth and their families at a time, with up to 8 at any given time in the Transitional Residential program." To clarify, 8 of the 16 could be in the TRP [TRS] program at any given time?
ANSWER: Yes, the capacity of the TRS is 8 youth.
68. QUESTION: The RFP states "CTPP must have a well-defined working relationship with one (1) local Article 28 hospital". Are we allowed to take referrals for our CTI Team and TRS from hospital in our Economic Development Region that we have not defined a working relationship/partnership with?
ANSWER: Yes.
69. QUESTION: Can we work with youth that are not in our Economic Development Region if they are referred to us by the Article 28 hospital that we have established a working relationship with?
ANSWER: Yes.
70. QUESTION: If our local hospital that we have a working relationship with refers a youth that is in a different economic development region, can we refer youth to CTPP's in their own Economic Development Region?
ANSWER: It is expected that the CTPP will screen youth and proceed with the course of treatment that is in the best interest of the youth, considering aspects such as travel for CTI staff and for the youth's caregivers.
71. QUESTION: For the TRS, do we need to know if we plan to buy, build, or renovate prior to the submission of the proposal?
ANSWER: A site is not required to submit a proposal. Where requested, applicants should provide information regarding their development plans regardless of the status of site control and rehabilitation or new construction.
72. QUESTION: For the TRS, if we plan to rehabilitate a building we already own, do we need to know the exact site we plan to rehabilitate prior to the submission of the proposal?
ANSWER: See the answer to question 71.
73. QUESTION: There was an inclusion of psychiatry time in the personnel list. What is the assumption on how youth would have their emergent medication needs met while being served?
74. ANSWER: Please see # 51. QUESTION: Will Medicaid or the youth's own insurance plan be expected to cover costs of any medical appointments or medication?

ANSWER: CTPP Recipients' health plans is expected to cover eligible medication and other medical services.